PTO/SB/22 (11-07)

Approved for use through 11/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 1630-0369PUS1 FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/790,728-Conf. #2625 Filed March 3, 2004 Application Number APPARATUS AND METHOD FOR CONTROLLING WRITING POWER OF OPTICAL DISC Art Unit 2627 Examiner L. T. Nguyen This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee **Small Entity Fee** One month (37 CFR 1.17(a)(1)) \$120 \$60 120.00 Two months (37 CFR 1.17(a)(2)) \$460 \$230 Three months (37 CFR 1.17(a)(3)) \$1050 \$525 Four months (37 CFR 1.17(a)(4)) \$1640 \$820 Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. Х The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number		02-2448			sed a duplicate copy of this sheet.				
		form may become pu and authorization or	iblic. Credit card info	rmation should n	ot be included on	this form.			
am the	applicant/inven	tor.							
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
x	attorney or age	ent of record. Regi	stration Number	40,953	3				
	attorney or age	ent under 37 CFR	1.34.						
	Registration	number if acting und	ler 37 CFR 1.34						
		ther (hore	Nov	vember 16, 2007	· ·			
	Sigi	nature	+		Date				
	Esther	H. Chong		(7	703) 205-8000				
	Typed or p	rinted name		Tele	ephone Number	•			

11/19/2007 CNGUYEN2 00000008 022448 10790728 01 FC:1251 120.00 DA



than one signature is required, see below

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more

forms are submitted.

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims 2	Effective on 40/00	Complete if Known								
For FY 2008 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2627 TOTAL AMOUNT OF PAYMENT (s) 120.00 Attorney Docket No. 1630-0369PUS1		Application Number		10/790,728-Conf. #2625						
FIGH Maned Inventor Cheul Kyung HAN Examiner Name L. T. Nguyen Art Unit 2627 TOTAL AMOUNT OF PAYMENT (5) 120.00 Attorney Docket No. 1630-0369PUS1 METHOD OF PAYMENT (check all that apply)	FFF TRANS	ΜΙΤΤΔΙ				March 3, 2004				
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) 120.00 Attorney Docket No. 1630-0369PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (5) Fee (5) Fee (5) Fee (5) Fee (5) Fee (6) Fee Paid (6) Fee (6) Fee Paid (6) Fe			1			Cheul Kyung I	neul Kyung HAN			
METHOD OF PAYMENT (check all that apply)	For FY 2	<u> </u>		Examiner Name		L. T. Nguyen	17,71			
Check Credit Card Money Order None Other (please identify):	Applicant claims small entity sta	tus. See 37 CFR 1.27		Art Unit						
Check Credit Card Money Order Ober Other (please identify): X Deposit Account Deposit Account Namer	TOTAL AMOUNT OF PAYMENT	(\$) 120.00		Attorney Docket No. 1630-036			S1			
Deposit Account Deposit Account Number Q2-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check	all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Credit any overpayments	Check Credit Card	Money Order	Non	ne Other (please identi	fy):				
Charge fee(s) indicated below Charge any additional fee(s) or underpayments of the filling fee tee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$	X Deposit Account Deposit Account	Number: 02-2	2448	Deposit A	Account Nam	e: Birch, Stewa	art, Kolasch	& Birch,		
X Charge any additional fee(s) or underpayments of X Credit any overpayments	For the above-identified dep	osit account, the Dir	rector is	hereby authorize	d to: (che	ck all that apply)				
Telegical Unider 37 CFR 1.16 and 1.17 Telegical Unider 37 CFR 1.16 and 1.17	x Charge fee(s) indicate	d below		Charge	e fee(s) in	dicated below, e	xcept for th	e filing fee		
Telephone Tele	X Charge any additional fee(s) or underpayments of X Credit any overpayments									
Application Type		. To allu 1.17					_0/0_			
Papel Pape		YAMINATION EEE	· s			· · ·	-	·		
Specification Type				ARCH FEES	EXAMI	NATION FEES	•	•		
Utility		Small Entity		Small Entity		Small Entity				
Design 210 105 100 50 130 65				-			Fees P	aid (\$)		
Plant	•									
Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 2	-									
Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) Replace Independent claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 2 -3 =										
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims 2										
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims 2	Provisional 210	105	0	0	0	. 0				
Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Pee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fees Paid (\$) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)	2. EXCESS CLAIM FEES						_			
Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims 2	Fee Description									
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Application and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)		4								
Total Claims 17 -20 =	-					•				
The highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								. 185		
HP = highest number of total claims paid for, if greater than 20. Indep. Claims		Fee (\$)	Fee F	Paid (\$)						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 2 -3 =					E	<u>ee (\$)</u>	Fee Paid (\$)	l		
APPLICATION SIZE FEE								_		
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets			ree r	Zaid (\$)						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	·		3					•		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	· ·	s paid for, it greater triair	· J.							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets		vceed 100 sheets of	f naner i	(excluding electro	onically f	iled sequence or	computer			
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = 100	listings under 37 CFR 1.52(e)).	the application size	e fee du	e is \$260 (\$130 f	or small e	entity) for each a	dditional 50			
- 100 =										
A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 40,953 Telephone (703) 205-8000	Total Sheets Extra Shee	ts Number o	f each a	dditional 50 or frac	tion there	of Fee (\$)	Fee F	aid (\$)		
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 40,953 Telephone (703) 205-8000	100 =	/50 =		(round up to a who	le number)	х	=			
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 40,953 Telephone (703) 205-8000	4. OTHER FEE(S)		_				Fees I	Paid (\$)		
SUBMITTED BY Signature Registration No. (Attorney/Agent) 40,953 Telephone (703) 205-8000	Non-English Specification, \$13	0 fee (no small ent	ity disco	ount)						
Signature Registration No. (Attorney/Agent) 40,953 Telephone (703) 205-8000	Other (e.g., late filing surcharge)	: 1251 Extension	for res	sponse within fir	st month	1	120.00			
Signature Registration No. (Attorney/Agent) 40,953 Telephone (703) 205-8000	SUBMITTED BY					<u> </u>	-			
	Signature Signature	~ (Dini	P		40,953	Telephone	(703) 205	5-8000		
	Name (Print/Type) Esther H. Chong		1	,		Date I	November	16, 2007		